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# ‘It was Hard but it is Satisfying’: The Lived Experience of Older Adults Moving to a Residential Home (Griya Werdha) in Surabaya

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## ABSTRACT

Relocation stress could occur in relocated older adults. The signs and symptoms often manifest as non-specific complaints. This study aimed to elicit the lived experience of relocated older adults in a residential home in Surabaya. Individual interviews were conducted following consent being given, in addition to MMSE, GDS and Family APGAR score tests. Seven residents aged between 60 to 80 years old voluntarily participated in this study. A phenomenological approach was used to develop the narrative findings following verbatim transcription and the work by Colaizzi (1976). Five themes emerged from the study: moving was a hard decision, feeling lonely in the first months, trying to accept changes and the feeling of being health-supported. These themes reflected that moving to a residential home was hard despite the voluntary decision. Eventually, they adapt by virtue of support from the other residents, their visiting families and the health staff. Their final stories reflected satisfaction focused on their well-maintained daily and health needs.

**Keywords:** *Relocation stress, older adults, residential home, experience*

## Introduction

Older adults who decide to or who are forced to live in residential homes are prone to psychological symptoms, such as relocation stress syndrome. The North American Nursing Diagnosis Association<sup>1</sup> identifies relocation stress syndrome as a condition in which a person suffers from physiological and psychological disorders as a result of relocation from their home to a foreign environment. This can lead to stresses either physically, psychologically or socially.<sup>2,3</sup> Health-professional support is significant when it comes to assisting older adults who are moving to a new environment, such as to a residential home.<sup>4</sup>

Statistically, it is estimated that around 11,914 older adults are residents in both public and private nursing

homes spread across Indonesia.<sup>5</sup> Our preliminary study conducted in October 2017 at Griya Werdha, a residential home in Surabaya, identified that 19% of the residents were moving in less than 4 months. Four of them suffered from moderate to severe depression. Presumably, this is due to the adjustment process and it is an indication of the relocation stress.<sup>6</sup> Relocation-stressed adults could experience changes in their self-control, identity and self-esteem due to the new environment whereby they might lose some degree of privacy while trying to establish a new relationship with the other residents.<sup>7</sup>

Psychological support is significant when it comes to assisting the residents to adapt to the new homely environment.<sup>3</sup> Nonetheless, there is an area of silence in the literature to explain this assumption in the context of Indonesia. Thus, this study was designed to elicit the lived experiences of older adults as new residents in Griya Werdha. It is expected that the results would illuminate the expectations toward a better service in residential homes. We used the theory of life crises and transitions by Moos & Schaefer<sup>8</sup> as the lens in terms of gaining an understanding of the studied phenomenon.

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## Method

**Study Design, Setting, and Sampling:** This study used a phenomenological approach to understand the lived experiences of older adults who were recently moving from their home to a residential home in Surabaya. The setting was purposively selected as it represented the most accessible facility for most older adults living in Surabaya and the cities nearby. The informants were recruited purposively through the snowballing technique. The criteria determined in this study was to include only residents aged 60 - 80 years old, moving in to the Griya Werdha in four months or less at the time of data collection, with a good cognitive status and who were able to communicate well.

**Data Collection:** All potential informants were first screened for cognitive function using Mini Mental State Examination (MMSE). Their level of stress was measured using the Geriatric Depression Scale (GDS-SF) short form and APGAR (adaptability, partnership, growth, affection, resolve) following individual consent being given. The informants who met the inclusion criteria were then invited to an individual guided-interview using a list of open-ended questions. A hermeneutical process and probing questions were employed to engage with the informants' worldview. Each interview was audio recorded and transcribed verbatim.<sup>9</sup>

**Data Analysis:** The collected data was then analyzed following the seven steps provided by Colaizzi (1976).<sup>9</sup> These steps were as follows:

- **Step 1, active reading:** The authors actively read the entire transcript, which involved repeated readings with the aim of understanding the general picture of the informant's perspective on the experienced phenomenon.
- **Step 2, color coding:** This step was conducted to identify the color-coding significant statements. The color-coded statements were then copied for the next step.
- **Step 3, giving meanings:** This process inquired the authors to carry out an internal process to interpret the meaning of each statement using the participant's point of view. This process involved back and forth discussions between all authors to formulate the meanings that emerged from each informant.
- **Step 4, developing themes:** This step included categorizing each unit of meaning into potential themes by collecting the coded statements that shared similar information into sub-themes or themes.
- **Step 5, integrating themes into a complete description:** This step was carried out through a deeper discussion in order to obtain a clear and justified description on the generated themes and sub-themes.
- **Step 6, validation to informants:** The generated description was then given to the informants for a final reading and compliance check. This step was significant to ensure that the stories developed through the different informants reflected their personal experience in the past. For the informants who were unable to read, the chief investigator of this study read the results on behalf of the informant.
- **Step 7, refining results:** The results were refined if there any complain occurred during the validation process.

## Results

Three female and 4 male older adults as new residents voluntarily shared their lived experience when they decided to move in to the Griya Werdha. Their ages ranged from 61 years to 78 years. Their last education obtained was as follows 1 person never went to school, another person did not finish primary school, 1 person graduated from elementary school, one person graduated from junior high school, two graduated from high school or the equivalent and one person graduated from college. They were mostly Javanese; 4 of them were Moslems and the others were Christian by religion (see Table 1).

**Table 1: The demographic characteristics of the new residents who were participating in the study (n = 7)**

No.	Code	Age (y.o)	Highest Education lvl	Sex	Religion	Place of origin	Race
1	I1	67	Year 9 (SMP)	Male	Christian	Ujung Pandang	Makassar
2	I2	73	Year 12 (SMA)	Male	Islam	Banyuwangi	Java
3	I3	72	Bachelor Undergraduate	Female	Islam	Jln. Bubutan	Java
4	I4	78	-	Female	Christian	Tulungagung	Java

Conted...

5	I5	61	Year 12 (SMA)	Male	Christian	Surabaya	Chinese
6	I6	62	Not finishing Elementary	Female	Islam	Jombang	Java
7	I7	75	Year 6	Male	Islam	Solo	Java

Four themes emerged in this study and these can be understood as structures that shape their experience.<sup>10</sup> They were: moving was a hard decision, feeling lonely in the first few months, accepting changes and the feeling of being health supported.

**Moving was a hard decision:** Making the firm step to live at Griya Werdha was difficult, even though it was their decision. The informants recalled that they never had an idea of what it would be like to live in a nursing home, as informant 1 recalled:

“I was shocked because I felt alienated. Previously, I would never know, oh...here we are now, oh now we have rules. So, we were shocked and we can’t get out. I used to be free to go anywhere and I can’t do it anymore” (Informant 1)

It was a mixed feeling when discussing about the residents’ life in the past. Many of them were reminded of the job that they used to work for a living and some of them were reminded of their families at times, as Informants 3 and 7 stated:

“.. I kept thinking about my old job,. I didn’t feel comfy to have left it that way...” (Informant 3)

“Sometimes I feel fine and happy but I always remember my family...” (Informant 7)

**Feeling lonely in the first months:** The changes felt by the informants when starting to live in the residential home were expressed as them feeling lonely. They recalled that they used to have many types of old friends. They compared that they were now in an uneasy situation to make new friends, as Informant 1 replied:

“...I felt lonely, yeah, lonely. I have many friends out there, many kinds of them and free. I had to make friends with those who stayed in this... around here” (Informant 1)

On the other hand, they also highlighted that they, many times, missed their family, as stated by Informants 5 and 6:

“...yeah, that feeling keeps distracting me... I miss my family...” (Informant 5)

“...But, to be honest, I miss my little grandson.” (Informant6)

**Accepting changes:** Eventually, all residents have to accept change to adapt to the new environment provided in the residential home. They started to seek distractions through various activities, including watching TV and regularly exercising. For instance, Informant 1 and 4 replied:

“...we watch TV and karaoke, for entertainment. To get rid of the feeling of being lonely, we watch TV and do karaoke. It feels a little better” (Informant 1)

“We do sports and aerobics, every day. There are also dancing competitions sometimes” (Informant 4)

Slowly but surely, the new residents started to accept their new life. They distracted their thoughts and avoided negativity, such as recalled by Informants 5 and 7:

“...I convinced myself that I had lost my life out there. I was starting a new life here” (Informant 5)

“To overcome this problem, I try to be happy, think positively and what can I do? I must accept my fate as it is” (Informant 7).

The process of accepting changes in their life was also facilitated by their family and relatives who were regularly coming to see the informants to ensure that they were not alone. Informant 3 and 7 recalled:

“I still have a nephew. They also often come here to see me” (Informant3)

“I have nephews and grandchildren, twice already, they have visited me twice” (Informant 7)

**Feeling of being health-supported:** Currently, the residents evaluated that living in the residential house was fully supported despite the restrictions put in place by the rules and regulations. The informants expressed their satisfaction of the support given by the nurses and social workers who worked in Griya Werdha, their residential home.

“Good, everything is fulfilled. For example, eating... all of my health needs are fulfilled” (Informant 3)

“All I know is that I am happy. I like it. First when I came here, I was sick. After I was cured, then they told me to stay. I don't have to worry about eating and sleeping. They give me enough heat and sleep. And that's true” (Informant 7)

## Discussion

The study findings elicited the older adults when they decided to move into a residential home in Surabaya. They were unaware about living-in as new residents due to a lack of information regarding their life-changing decision. They expressed that it was not as expected and that there was a sense of regret during the first four months as new residents. In most cases, the informants were moving into residential homes due to loneliness, a decreased health condition and limited health support at home.<sup>11</sup> Hesitation, feeling shocked, rejection, or mixed feelings were apparent as they verbally expressed their experiences when moving to Griya Werdha.

Feeling lonely was expressed when the informants were asked about their experience of living-in in the first months. They lacked information on what it was like to stay under unheard rules and regulations, which restricted them from going out of the facility even for a short amount of time. This situation could be a contributor to the drastic changes for the new residents and this explains their unheard expressions due to the transition.<sup>8</sup> However, this was not explored further in the current study. The change of feeling could also an effect from the meaningful difference between the person's past life-experience and their current situation. Thus, relocation has an impact on psychological well-being.<sup>2,3</sup> We assume that restricted mobility and unfamiliar rules and regulations were responsible for the residents' psychological well-being. This finding recommends that older adults should be well prepared before making the decision to live in a residential home and the health personnel thus need to support them during the transition period.

Light exercise, watching TV and aerobics were selected as how the new residents tried to overcome their blue feelings. They were distracted by different activities and pleasant thoughts as a means of transferring the feeling of loneliness. The theory of crisis and life

transition simply defines this as a resolution phase, where a person consciously selects coping skills to resolve any problems and changes.<sup>8</sup> This study found that the coping mechanism of the new residents was adaptive and self-reliant despite their various levels of education background. This finding calls for a further study to investigate on how education can impact on older adults when selecting a coping mechanism.

The new residents were supported through the provision of scheduled activities, including religious activities, physical exercise and periodic health checks, as well as supportive facilities such as an outdoor gazebo, playing cards, musical instruments and a Karaoke set. All of these have the aim of letting them make themselves feel at home. Koppitz et al<sup>12</sup> identified four phases of adaptation in relocated adults: being cut-off, being restricted, being cared for and moving on. The residents who were participating in this study were mostly in the phase of moving on, whereby they had adapted to the new homely setting and had accepted the scheduled activities. This phase was achieved as all of the informants had stayed in the residential home for more than 4 months by the time that the data was collected. However, this study was not designed to explore the length of their stay and the correlation with relocation stress.

Family support became an important element for a successful transition. Frequent visits were highlighted as an indication of the meaningful attention perceived by older adults who were moving to Griya Werdha. This suggests that family visits could help the new residents to cope with their loneliness and it could also maintain their psychological well-being.<sup>3</sup> These findings highlight the need for well-maintained communication between the residents and their families.

The informants in this study expressed meaningful feelings when asked about their recent experience of living in the Griya Werdha. They expressed happy feelings, which was in contrast with the first few months of moving-in. Moving in to Griya Werdha was an unpleasant experience. Nonetheless, their acceptance of the change eventually made them satisfied concerning living in the residential home. This finding is shared with an earlier research study by Chang et al<sup>2</sup> despite the feeling of being isolated remaining. The residents also expressed their gratitude for having a place to continue their life without worrying about needing support for their daily needs.



## Conclusion

Hesitation, feeling shocked, rejection and mixed feelings were verbally expressed by the residents in this study when discussing their experience of first moving to Griya Werdha. The lack of information on what it was like to stay under unheard rules and regulations were reasons behind these psychological expressions. Thus, this highlights an urgency; older adults should be well prepared before making the decision to live in a residential home. This study found that the coping mechanism of the new residents was being adaptive and self-reliant despite their different education backgrounds. Family support emerged as an important element for a successful transition. The residential home thus needs to facilitate a well-maintained communication between the residents and their families.

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